

PART B - FEE(S) TRANSMITTAL



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32752 7590 09/24/2008

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Donna M. Baumann	(Depositor's name)
<i>Donna M. Baumann</i>	(Signature)
11-12-08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,567	08/05/2003	A. Wesley Prais	102-523 DIV/CON/CIP II	6974

TITLE OF INVENTION: MULT-BEVELED POINT NEEDLE AND SYRINGE HAVING A MULTI-BEVELED POINT NEEDLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/24/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS		11/18/2008 HUYOUNG2 00000040 021666 10634567		
KOHARSKI, CHRISTOPHER	3763	604-272000	01 FC:1504 02 FC:1501 03 FC:1501	300.00 DA 1510.00 DA 3.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 David M. Fortunato
2 Hoffmann and Baron LLP
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Becton Dickinson and Company

Franklin Lakes, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1666 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

11-12-08

Typed or printed name

David M. Fortunato

Registration No.

42,548

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